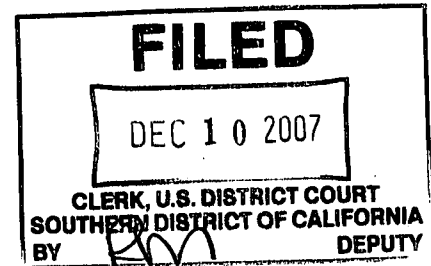


DWAYNE ALLEN MEYERS
PLAINTIFF/PETITIONER/MOVANT'S NAMEFO 7431

PRISON NUMBER

CENTINELA STATE PRISON
PLACE OF CONFINEMENTPO Box 901 IMPERIAL CA 92251
ADDRESS

2254	✓	1983
FILING FEE PAID		
Yes	✓	No
HFP MOTION FILED		
Yes	✓	No
COPIES SENT TO		
Court	✓	ProSe



United States District Court
Southern District Of California

DWAYNE ALLEN MEYERS
Plaintiff/Petitioner/Movant

v.

Defendant/Respondent

Civil No. '07 CV 2316 JLS WMC

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS

I, DWAYNE ALLEN MEYERS

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration CENTINELA STATE PRISON

Are you employed at the institution? ☒ Yes ☐ No

Do you receive any payment from the institution? ☒ Yes ☒ No DAM

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. _____

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>DAM</i> |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. YES FOR FAMILY VISITING

4. Do you have any checking account(s)? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

- a. Make: _____ Year: _____ Model: _____
 b. Is it financed? ☐ Yes ☐ No
 c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. NONE

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): _____

N/A

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets (include any items of value held in someone else's name)): _____

N/A

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. _____

N/A

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

12-3-2007

DATE

[Signature]

SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant DWAYNE ALLEN MEYERS
(NAME OF INMATE)

F07431
(INMATE'S CDC NUMBER)

has the sum of \$ 6.53 on account to his/her credit at CENTINELA
STATE PRISON + REHAB
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities NONE
to his/her credit according to the records of the aforementioned institution. I further certify that **during**
the past six months the applicant's *average monthly balance* was \$ 0
and the *average monthly deposits* to the applicant's account was \$ 0

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT, PER 28 U.S.C. § 1915(a)(2).

12-4-07
DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

D. SAVAGE CCF
OFFICER'S FULL NAME (PRINTED)

Corrections Council on T
OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, DWAYNE ALLEN MEYERS FO 7431, request and authorize the agency
(Name of Prisoner/ CDC No.)

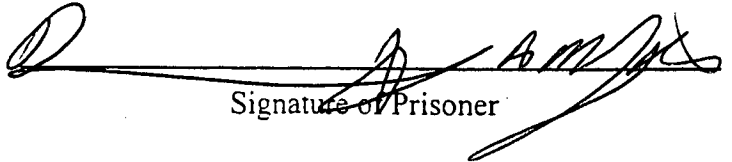
holding me in custody, to prepare for the Clerk of the United States Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of fees for which I am obligated is either ☐ \$120 (civil complaint) or ☒ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

12-3-07

Date


Signature of Prisoner

TS210B

CALIFORNIA DEPARTMENT OF CORRECTIONS
ITAS TRUST ACCOUNT DISPLAY

----- ACCOUNT INFORMATION -----

----- SPECIAL ITEMS -----

ACCOUNT NUMBER: F07431
ACCOUNT NAME: MEYERS, DWAYNE ALLEN
ACCOUNT TYPE: I
CURRENT BALANCE: 95.68
HOLD BALANCE: 89.15
ENCUM. BALANCE: 0.00
AVAILABLE: 6.53
PRIVILEGE GROUP: A
LAST CANTEEN: 04/10/2006

----- HOUSING LOCATION -----

----- ARRIVAL INFORMATION -----

FACILITY: CEN
BED/CELL NUMBER: MIFED1000000092U

ARRIVAL DATE: 06/01/2007
ARRIVAL STATUS: MDRTN
FROM LOCATION: EC
ARRIVAL COMMENT:

TS210BA

BEGINNING DATE FOR TRANSACTION DISPLAY: / /

Type a starting date, OR press ENTER for all transactions, OR press F5, F6, F8

TS210B

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ITAS TRUST ACCOUNT DISPLAY

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----- ACCOUNT TRANSACTIONS -----TS210CA

DATE	TRAN	AMOUNT	DESCRIPTION	CHECK NUM	COMMENT	BALANCE
08/06/07	W415	45.00	CASH WITHDRAWAL	189-067131	0804 07/12	4.15
09/07/07	VD54	0.76	INMATE PAYROLL-		1455 AUG07	4.91
09/25/07	D201	85.00	FAMILY VISIT DE		1830 FVDEP	89.91
10/05/07	VD54	3.13	INMATE PAYROLL-		2061 SEP07	93.04
11/02/07	VD54	1.74	INMATE PAYROLL-		2675 OCT07	94.78
12/03/07	VD54	0.90	INMATE PAYROLL-		3256 NOV07	95.68

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TS210B

CALIFORNIA DEPARTMENT OF CORRECTIONS
ITAS TRUST ACCOUNT DISPLAY

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----- ACCOUNT TRANSACTIONS -----

-----TS210CA

DATE	TRAN	AMOUNT	DESCRIPTION	CHECK NUM	COMMENT	BALANCE
04/10/06	FC01	42.00	DRAW-FAC 1		5587 FAC A	0.64
06/21/06	W536	0.64	COPAY CHARGE		6998M05/22	0.00
09/22/06	D201	65.00	FAMILY VISIT DE		1540 FVDEP	65.00
10/26/06	W415	60.85	CASH WITHDRAWAL	189-064976	2134 10/14	4.15
03/13/07	D201	40.00	FAMILY VISIT DE		4551 FVDEP	44.15
06/14/07	D201	5.00	FAMILY VISIT DE		6648 FVDEP	49.15

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TS210B

CALIFORNIA DEPARTMENT OF CORRECTIONS

ITAS TRUST ACCOUNT DISPLAY

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LAST CANTEEN: 04/10/2006

----- ACCOUNT TRANSACTIONS -----

-----TS210CA

DATE	TRAN	AMOUNT	DESCRIPTION	CHECK NUM	COMMENT	BALANCE
03/20/06	D320	49.64	TRUST FUNDS TRA		5081 CCI	49.64
03/20/06	FC01	30.00	DRAW-FAC 1		5085 FAC.A	19.64
03/24/06	DD30	28.00	CASH DEPOSIT ON		5219 MLRM	47.64
04/10/06	W536	5.00	COPAY CHARGE		5571M04/10	42.64

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